

ASSIGNMENT FOR A MOTOR CARRIER OF PROPERTY CERTIFICATE OF SELF INSURANCE

California Vehicle Code §34630 and Title 13,
California Code of Regulations, Section 221.00 et seq.

NAME OF ASSIGNOR(S) (MUST MATCH THE NAME ON THE APPLICATION FOR MOTOR CARRIER PERMIT) WHOSE PRINCIPAL PLACE OF BUSINESS IS LOCATED AT:

ADDRESS	CITY	STATE	ZIP CODE
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do/does elect to assign to the Director of Motor Vehicles, State of California, a certificate of cash deposit or savings passbook account in lieu of a motor vehicle liability policy or surety bond pursuant to Section 34631.5, subdivision (a), paragraphs (1) and (2) of the Vehicle Code plus potential administrative costs.

The assignor(s) do/does assign and set over to the California Director of Motor Vehicles all rights, title and interest of any kind whatsoever, owned or held by the assignor in and to the insured account identified below at the

EXACT NAME OF BANK, SAVINGS ASSOCIATION, OR CREDIT UNION

WHOSE ADDRESS IS

IN THE AMOUNT OF \$	IDENTIFIED BY ACCOUNT NUMBER
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The assignor agrees and stipulates that this assignment carries with it the right to the insurance for this account as insured by the Federal Deposit Insurance Corporation. This assignment shall be given to the department under the provisions of Article 3.5, Section 221.00 et seq., of Title 13, Division 1, Chapter 1 of the California Code of Regulations, and shall be binding on the assignor, his/her/their heirs, successors, administrators, and is assigned jointly and severally.

DATED THIS (DAY)	OF (MONTH)	YEAR 20	AT (CITY)
TYPE NAME OF ASSIGNOR(S) AS SHOWN ON MOTOR CARRIER PERMIT APPLICATION			TELEPHONE NUMBER ()
DATE	SIGNATURE OF ASSIGNOR(S) X		

The assignee hereby acknowledges that the amount assigned to the department is insured only up to \$100,000. The assignee also acknowledges that the decision to become self-insured and assign a deposit to the department is entirely voluntary and not required by law. The assignee further acknowledges and understands that neither the California Department of Motor Vehicles nor the State of California assumes liability for the deposit in excess of the amount insured under state or federal law.

DATE	SIGNATURE OF ASSIGNOR(S) X
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FIRST ENDORSEMENT AND ACKNOWLEDGEMENT OF ASSIGNMENT

Receipt is hereby acknowledged to the Director of Motor Vehicles of the State of California, of written notice of the assignment of the previously identified account. We have noted our records to show the interest of the Director in said account as shown in and by the assignment above. A copy of this document shall be retained in our files. We certify that a notice of lien, encumbrance, hold, claim, or other obligation against the identified account has not been received prior to its assignment to the department. We agree to make payment as required by California law in accordance with the banking, savings association, or credit union laws applicable to the bank, savings association, or credit union.

DATED THIS (DAY)	OF (MONTH)	YEAR 20	AT (CITY) California
TYPE NAME OF BANK OR SAVINGS ASSOCIATION CREDIT UNION			TELEPHONE NUMBER ()
TYPED NAME OF OFFICER OF BANK OR ASSOCIATION		TYPED TITLE OF OFFICER	
SIGNATURE OF OFFICER OF BANK OR ASSOCIATION X			

SECOND ENDORSEMENT—RECEIPT FOR NOTICE OF ASSIGNMENT AND DIRECTION TO PAY EARNINGS

Receipt is hereby acknowledged of the assignment and the account identified in the assignment. The bank, savings association or credit union, named in the assignment shall be authorized and directed to pay any earnings on the identified account to the previously named Assignor.

DEPARTMENT OF MOTOR VEHICLES, Motor Carrier Permit Program

DATED THIS (DAY)	OF (MONTH)	YEAR 20	AT (CITY) Sacramento, California
DEPUTY DIRECTOR SIGNATURE X			TELEPHONE NUMBER ()
DEPUTY DIRECTOR TYPED NAME			

Upon request, this document can be produced by Braille or Large Print. Phone services are available for the deaf or hearing impaired by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone and 1-800-735-2922 (voice phone).